



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <u>119250</u>		2. Name of Corporation <u>KNUEDLEN Inc.</u>		
3. Street Address Principal Business Office <u>106 Wickenden St.</u>		City <u>PROVIDENCE</u>	State <u>RI</u>	Zip <u>02903</u>
4. Business Phone No. <u>401-751-6737</u>		5. State of Incorporation <u>RI</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island <u>Pizzeria Counter Service</u>				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <u>RICHARD KNUEDLEN</u>		Vice President Name <u>JACQUELINE KNUEDLEN</u>		
Street Address <u>2288 Black River Rd</u>		Street Address <u>2288 Black River Rd</u>		
City <u>BETHLEHEM</u>	State <u>PA</u>	Zip <u>18015</u>	City <u>BETHLEHEM</u>	State <u>PA</u>
Secretary Name <u>KRISTY KNUEDLEN</u>		Treasurer Name <u>KRISTY KNUEDLEN</u>		
Street Address <u>123 Shaw Ave</u>		Street Address <u>123 Shaw Ave</u>		
City <u>CRASTON</u>	State <u>RI</u>	Zip <u></u>	City <u>CRASTON</u>	State <u>RI</u>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <u>RICHARD KNUEDLEN</u>		Director Name <u>JACQUELINE KNUEDLEN</u>		
Street Address <u>2288 Black River Rd</u>		Street Address <u>2288 Black River Rd</u>		
City <u>BETHLEHEM</u>	State <u>PA</u>	Zip <u>18015</u>	City <u>BETHLEHEM</u>	State <u>PA</u>
Director Name <u></u>		Director Name <u></u>		
Street Address <u></u>		Street Address <u></u>		
City <u></u>	State <u></u>	Zip <u></u>	City <u></u>	State <u></u>
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) ☐ 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐				
AUTHORIZED SHARES <u>2000</u>			ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
<u>2000</u>	<u></u>	<u>0</u>	<u>1100</u>	<u></u>
			THIS SECTION MUST BE COMPLETED	

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**
Check No. JAN 23 2008
By: 3742
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature Richard Knuedlen Date 1/23/08
Print or Type Name RICHARD KNUEDLEN
Title PRESIDENT